

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2835HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2009
NAME OF PROVIDER OR SUPPLIER AND YOUR HOME TOO 3		STREET ADDRESS, CITY, STATE, ZIP CODE 5565 O'BANNON LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments Initial Comment This Statement of Deficiencies was generated as a result of a State Licensure survey and Complaint Investigation conducted in your facility on 1-6-09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was two. There was one complaint investigated during the survey. Complaint #NV00020391 Unsubstantiated The following regulatory deficiencies were identified.	H 000	Acceptable POC, 7/23/09 Disregard, HFSH	
H 011	Director Duties-Needs Assessment NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change.	H 011	HD11 A) Resident #2 file was misfiled by computer caregiver. File was found 3 days after surveyor's visit. B) Files will be properly	7/23/09 DS

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

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H 011	Continued From page 1 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the activity of daily living assessment (ADL) was completed upon admission for 1 of 2 residents (Resident #2). Findings include: Resident #2 was admitted on 8/16/08. There was no documented evidence of an ADL assessment. Employee #1 indicated she requested the information from another facility. The employee did not have an answer as to why the assessment was not completed.	H 011	<i>filed after every update. Director will monitor for accuracy. C) January 9th 2009</i>	
H 012	Director Duties-Document Abilities NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. Such an assessment must include: (a) Documentation of the abilities of the resident to function independently; and This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the activity of daily living assessment (ADL) was completed upon admission for 1 of 2 residents (Resident #2). Findings include: Resident #2 was admitted on 8/16/08. There was no documented evidence of an ADL assessment.	H 012	<i>H012 A). Resident #2 file was misfiled by computer person. File was found 3 days after surveyors visit. B). Files will be properly filed after every update. The Director will monitor for accuracy C. 1-9-09</i>	<i>1/23/09 DS</i>

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H 012	Continued From page 2 Employee #1 indicated she requested the information from another facility. The employee did not have an answer as to why the assessment was not completed.	H 012		
H 013	Director Duties-List Needed Assistance NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. Such an assessment must include: (b) A Complete list of the matters for which the resident requires assistance. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the activity of daily living assessment (ADL) was completed upon admission for 1 of 2 residents (Resident #2). Findings include: Resident #2 was admitted on 8/16/08. There was no documented evidence of an ADL assessment. Employee #1 indicated she requested the information from another facility. The employee did not have an answer as to why the assessment was not completed.	H 013	<p>H013</p> <p>A) Resident #2's file was mis-filed by computer person. File was found, 1/23/09 3 days after surveyors visit.</p> <p>B) Files will be properly filed after every update. The director will monitor for accuracy.</p> <p>C) 1-9-09</p>	
H 033	Safety&Sanitation-First Aid Kit NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249)	H 033	<p>H033</p> <p>A) A CPR mask was purchased for all</p>	

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H 033	Continued From page 3 2. A home must contain: (c) A first-aid kit; This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure maintaining a complete first aid kit. Findings include: The first aid kit did not contain a Cardiopulmonary Resuscitation (CPR) mask. Employee #1 and Employee #2 revealed there was no CPR mask in the facility.	H 033	first-aid Kits ^B and will be maintained @ all times. Director ^{DS} will monitor first- aid Kits monthly c) 1-7-09	7/23/09
H 043	Records of Residents-Address Family&Physician NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (b) The address and telephone number of the resident's physician and a person who is responsible for the resident. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the resident's physician was documented in the resident file for 1 of 2 residents (Resident #2).	H 043	H043 A) Resident #2's file was mis-filed by computer person. File was located 3 days after surveyor's visit. B) Files will be properly filed after every update The director will monitor for accuracy. c) 1-9-09	7/23/09 DS

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H 043	Continued From page 4 Findings include: Resident #2 was admitted on 8/16/08. There was no documented evidence of the name of the physician, the physician's address and phone number in the resident's file. Employee #1 indicated she hired a computer person to update the charts. The employee was not sure where the face sheet for the resident was located.	H 043		
H 044	Records of Residents-Copy of physical NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (c) A copy of the results of a general physical examination of the resident conducted by his physician; and This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a physical examination was performed for 1 of 2 residents (Resident #2). Findings include:	H 044	A) Resident #2's file was misfiled by computer person. File was located 3 days after surveyor's visit. 7/23/09 B) Files will be properly filed after every update. The director will monitor for accuracy. C) 1-9-09	

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H 044	Continued From page 5 Resident #2 was admitted on 8/16/08. There was no documented evidence of a physical examination in the resident's file. Employee #1 indicated she had requested the information from the facility the resident had been at prior to admission. The employee was unable to provide a reason why the information is not in the resident's file.	H 044			
H 045	Records of Residents-Current Needs Assessment NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (d) A current copy of the assessment of the needs of the resident conducted pursuant to NAC 449.15523. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the activity of daily living assessment (ADL) was completed upon admission for 1 of 2 residents (Resident #2). Findings include:	H 045	<p>H045</p> <p>A) Resident #2's file was misfiled by computer person. File was located 3 days after surveyor's visit.</p> <p>B) Files will be properly filed after every update. Director will monitor for accuracy.</p> <p>C) 1-9-09</p>	<p>7/23/09 DS</p>	

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H 045	Continued From page 6 Resident #2 was admitted on 8/16/08. There was no documented evidence of an ADL assessment. Employee #1 indicated she requested the information from another facility. The employee did not have an answer as to why the assessment was not completed.	H 045		
H 060	Ultimate User Agreement NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons: 6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement. NRS 454.213 Authority to possess and administer dangerous drug. [Effective through December 31, 2007.] A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by: 10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure an ultimate user agreement was signed for 1 of 2 residents (Resident #2). Findings include:	H 060	<i>H060</i> <i>A) Resident #2's file was misfiled by computer person. File was located 3 days after surveyors visit. 7/23/09</i> <i>B) Files will be properly filed after every update. Director will monitor for accuracy.</i> <i>C) 1-9-09.</i>	

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H 060	Continued From page 7 Resident #2 was admitted on 8/16/08. There was no documented evidence of an ultimate user agreement. Employee #1 did not have an answer as to why the assessment was not completed.	H 060			

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